

CO EXAM RETURN REPORT

FROM: _____

DATE: _____

TO: Dept of Public Safety Fire Standards Council
5700 E. Tudor Road
Anchorage, Alaska 99507

Dear Fire Standards Council Staff:

See checklist below for completed paperwork for certification of _____

The examination followed a course taught for _____ by _____
Lead Instructor/BFAST

The exam was conducted on the following date(s): _____ and/or _____
Written Test Date Practical Test Date

The final exams for this class were conducted at: _____
Final Exam Test Site Location

You can contact me at _____ if you have any questions.
Phone Number/Email Address

-
- Test Fee Included in Payment Envelope: Cash Check Other _____ PO #
-
- | | |
|---|---|
| <input type="checkbox"/> Completed AFSC Test Site Student Roster | <input type="checkbox"/> Number of Completed Applications _____ |
| <input type="checkbox"/> CO Code of Ethics Compliance Form | <input type="checkbox"/> Number of Test Envelopes UNUSED _____ |
| <input type="checkbox"/> Proctor/Assistant Code of Ethics | <input type="checkbox"/> Number of Test Envelopes OPENED _____ |
| <input type="checkbox"/> Proctor/Assistant Compliance Agreements | <input type="checkbox"/> Written Exam Scantron Answer Sheets _____ |
| <input type="checkbox"/> Remedial Training for <i>(if used)</i> | <input type="checkbox"/> Practical Examination Reporting Form(s) _____ |
| <input type="checkbox"/> ADA Reader Instructions and Verifica <i>(if used)</i> | _____ |
| <input type="checkbox"/> Test Site Coordinator Exam Site Survey
<i>(Attach additional comments as necessary)</i> | _____ |
| <input type="checkbox"/> CO Exam Site Survey | <input type="checkbox"/> Hazardous Materials Completed Practical
Tabletop Skill Sheets (if applicable) |
| <input type="checkbox"/> CO Trainee Step Form (A or B- if used) | <input type="checkbox"/> THIS CO Exam Return report |

Completed/Signed Contractor Pay Document Hotel/Travel Receipts:
(Both above forms can be sent separate from return tote: expect reimbursement delays if returned separately)

Sincerely,

Certifying Officer Signature _____
Date